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IMPORTANT NOTICE TO APPLICANT: Make check for the total Processing Fee Payable to: MIAMI-DADE COUNTY.	FOR OFFICIAL USE ONLY:
Number of Sites: (1)	Agenda Date: 11-15-13
FEES: D.R.E.R \$1,872.00	Waiver No. D- 23430-1-NEW
D.E.R.M\$210.00	Received Date://-5-/3
PRINT \$2,082.00	Nebelved Balc.//
Concurrency Review Fee (*6.00% of Sub-Total) \$124.92 *Not applicable within Municipalities	
AMOUNT FOR WAIVER OUTSIDE MUNICIPALITIES=> \$2,206.92	
APPLICATION FOR WAIVER OF PLAT	
Municipality: Sec.: <u>28</u> Twp.: <u>59</u> S. Rge.: <u>39</u> E. / Sec.: Twp.: S. Rge.: E.	
1. Owner's Name: Robert O. & Annie B. Naumann	Phone: 305 338-0273
Address: PO Box 343258 City: Fl City	State: Fl Zip Code: 33034
Owner's Email Address: B_T_Naumann@msn.com	
2 Surveyor's Name: Makowski & Wright, Inc.	Phone: <u>(305)</u> 247-1356
Address: 27 NW 13 St. City: Homestea	d State: Fl Zip Code: 33030
Surveyor's Email Address: makowskisurv@aol.com	
3. Legal Description of Cutout Tract: A portion of Sec. 28-59-39, Miami-Dade County, Fl. (See attached description of parcel to be approved)	
4. Folio No(s).: 30-9928-000-0030 /	
4. Folio No(s).: 33-3323-3333-3333-3333-3333-3333-3333-	County El (See affached metes & bounds description
5. Legal Description of Parent Tract: <u>Portion Sec 28-59-39, Miami-Dade County, Fl. (See attached metes & bounds description</u> attached as OR 12020, PG 1114, Miami-Dade Co., Fl.	
6. Street boundaries: Theor. SW 544 St. & S. Dixie Hwy.	
7. Present Zoning: BU-2/GU Zoning Hearing No.: Z2	013000028 SROADCAST TOWER
8. Proposed use of Property: Single Family Res.(Units), Duplex(Units), Apartments(Business(Sq. Ft.), Office(Sq. Ft.), Restaurant(Units), Industrial/Warehouse(Square .Ft.), Sq. Ft. & No. Seats), Other (Sq. Ft. & No. of Units _1
NOTE: List all plat restrictions zoning conditions or any other declaration, restriction, condition etc. that might affect this Waiver of Plat. I HEREBY CERTIFY that I am the owner of the parcel(s) described in Item 5 and that the information contained in this application is true and correct to the best of my knowledge and belief. Attached is a copy of the recorded deed showing my acquisition of this land. In addition, I agree to furnish additional Items as may be necessary such as abstract or opinion of title to determine accurate ownership information.	
Furthermore, I am aware that the use of a public water supply and/or public sewer system may be required for this development. If so required, I recognize that engineering drawings for the extension of these utilities must be approved by the appropriate utility and by D.R.E.R. prior to the approval of the final plat.	
Pursuant to Florida Statutes 837.06, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her duty shall be guilty of a misdemeanor of the second degree, punishable as provided in FS. 775.082 or FS. 775.083.	
STATE OF FLORIDA) SS: Signature of	of Owner; A had Ollows
COUNTY OF MIAMI-DADE) (Print name & T	itle here): Robert, O. Naumann
BEFORE ME, personally appeared 20 but 0. Naumathis 3 day of 0c-toog, 5013 A.D. and (he/she) acknowledged to and before me that (he/she) executed the same for the purposed therein. Personally known or produce as identification and who did (not) take an oath.	
WITNESS my hand and seal in the County and State last aforesaid th	
Signature of Notary Public:	
BETTY LERENA	ype name here: Betty Lierum
(NOTARY SEAL)	(Commission Expires) (Commission Number)

Note: The reverse side of this sheet may be used for a statement of additional items you may wish considered.

